

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

*B*

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	1					
12	1					
13	2					
14	2					
15	2					
16	1					
17	2					
18						
19						
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48						
49						
50						
TOTAL IND.	3		↓		↓	
TOTAL DEP.	0	1	↔		↔	
TOTAL CLAIMS	3	1				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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99								
100								
TOTAL IND.			↓		↓			
TOTAL DEP.			↔		↔		↔	↔
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS